

# Thompson Brook School

150 Thompson Road ● Avon, CT 06001  
(860) 404-4870 ● [www.avon.k12.ct.us](http://www.avon.k12.ct.us)



September 2, 2019

Dear Parent/Guardian:

Your child has expressed interest in being part of the Student Council. We will meet Tuesdays after school until 4:00. Depending on the interest we may have subcommittees, so that not all students are staying after school every week. Our first meeting will be held on Tuesday, September 24, 2019. After this meeting we will create a schedule of when each committee will meet and hand it out to the students. Please sign and return the bottom portion of this letter giving your child permission to stay after school with us on Tuesdays. If you have any questions or concerns, please feel free to contact us at [schaves@avon.k12.ct.us](mailto:schaves@avon.k12.ct.us) or 860-404-4877 or Christine Melnyk at [cmelynk@avon.k12.ct.us](mailto:cmelynk@avon.k12.ct.us).

Sincerely,

Sarah Chaves and Chris Melnyk

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### Student Council Permission Slip

Please complete this portion of the form and return it to the main office. Thank you.

I give my son/daughter permission to stay after school on Tuesdays from 3:00-4:00.

Student's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_

Email: \_\_\_\_\_

Name of Pick-up Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact (different from above): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

Any allergies/pertinent medical information: \_\_\_\_\_

Parent Signature: \_\_\_\_\_